

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09760274	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					51	1			
2		1				52	1			
3		1				53	1			
4		1				54	1			
5		1				55	1			
6		1				56	1			
7		1				57				
8		1				58				
9		1				59				
10		1				60				
11		1				61				
12		1				62				
13	1					63				
14		1				64				
15		1				65				
16		1				66				
17		1				67				
18		1				68				
19		1				69				
20		1				70				
21		1				71				
22		1				72				
23		1				73				
24		1				74				
25	1					75				
26		1				76				
27		1				77				
28		1				78				
29		1				79				
30		1				80				
31		1				81				
32		1				82				
33		1				83				
34		1				84				
35	1					85				
36		1				86				
37		1				87				
38		1				88				
39	1					89				
40	1					90				
41		1				91				
42		1				92				
43	1					93				
44		1				94				
45		1				95				
46		1				96				
47		1				97				
48		1				98				
49	1					99				
50		1				100				
TOTAL IND.						TOTAL IND.	8			
TOTAL DEP.						TOTAL DEP.	48			
TOTAL CLAIMS						TOTAL CLAIMS	56			

LAST AVAILABLE COPY